

# FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☒ This is an **initial**\* Statement of Organization  
☐ This is an **amended**\* Statement of Organization

\*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

STATE OF IOWA  
DISCLOSURE BOARD

MAY 16 2003

FORM  
DR-1

(Rev.  
01/2003)

STATEMENT  
OF  
ORGANIZATION

For Office Use Only

Comm. # \_\_\_\_\_  
 Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Computer \_\_\_\_\_

## COMMITTEE NAME

Overman for Citizens

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

4

## COMMITTEE TREASURER

Name Kathleen Overman  
 Mailing Address 2118 Morton Avenue  
 City, State Zip Code Des Moines IA 50317  
 Phone (515) 266 4009  
 e-Mail \_\_\_\_\_

## COMMITTEE CHAIR

Name Gerald E. Overman  
 Mailing Address 2118 Morton Avenue  
 City, State Zip Code Des Moines IA 50317  
 Phone (515) 266 4009  
 e-Mail \_\_\_\_\_

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: City of D.M. Council Ward II

District: \_\_\_\_\_

Political Party (if applicable) Democrat

Year Standing for Election: 2003

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: Polk

Date of Election: 11.4.03

Bank Account Name

Overman for Citizens

Name of Financial Institution/type of Account

Mailing Address

City State Zip

Candidate name & Address or Parent Entity (PACs, if applicable),  
 Affiliate, or Sponsor

Gerald E. Overman

Mailing Address

2118 Morton Avenue

City State Zip

Des Moines IA 50317

Phone (515) 266 4009

e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

(1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE

(3) DONATED TO CHARITABLE ORGANIZATION

(CANDIDATES ONLY)

(specify) \_\_\_\_\_

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

## STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Kathleen Overman

Signature of Treasurer

Gerald E. Overman

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

5-16-03

Date Signed

5-16-03

Date Signed